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FACSIMILE TRANSMISSION**CONFIDENTIAL****DATE:** October 27, 2005**CLIENT-MATTER No.:** 18279-05700 (600-015)**To:**

NAME	FAX No.	PHONE No.
Commissioner for Patents	(703) 872-9306	571-272-3793

FROM: Dorian Cartwright**PHONE:** (650) 335-7247

NUMBER OF PAGES WITH COVER PAGE: 18	ORIGINAL WILL NOT FOLLOW
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MESSAGE:**Re:** 09/144,313

Please see attached.

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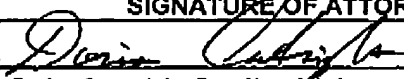
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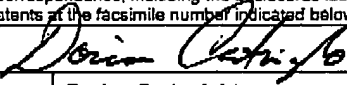
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TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	09/144,313	
	Filing Date	August 31, 1998	
	First Named Inventor	Jay L. Gainsboro	
	Group Art Unit Number	2645	
	Examiner Name	Gerald Gauthier	
Total Number of Pages in This Submission	17	Attorney Docket Number	18279-05700 (600-015)

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/>
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/>
<input checked="" type="checkbox"/> Amendment E: 16 Page(s) <input checked="" type="checkbox"/> After Final	<input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT	
Signature:	
Attorney/Reg. No.:	Dorian Cartwright, Reg. No. 53,853
Dated:	10/27/2005

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.	
Signature:	
Typed or Printed Name:	Dorian Cartwright
Dated:	10/27/2005
Facsimile Number:	1-703-872-9306

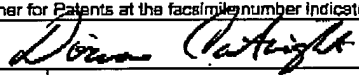
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IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Jay L. Gainsboro *et al.*
SERIAL NO.: 09/144,313
FILING DATE: August 31, 1998
TITLE: COMPUTER-BASED METHOD AND APPARATUS FOR CONTROLLING,
MONITORING, RECORDING AND REPORTING TELEPHONE ACCESS
EXAMINER: Gerald Gauthier
GROUP ART UNIT: 2645
ATTY. DKT. NO.: 18279-05700 (600-015)

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Signature:			
Typed or Printed Name:	Dorian Cartwright, Reg. No. 53,583	Dated:	10/27/2005
Facsimile Number:	1-703-872-9306		

MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

AMENDMENT E

SIR:

In response to the Final Office Action mailed on July 27, 2005, please amend the application as indicated herein.